



CK# 14640
OIL & SOLVENT PROCESS CO.

1704 W. FIRST STREET, AZUSA, CALIFORNIA 91702
PHONES: (818) 334-5117 (714) 828-6460

B/L NUMBER

9631
09631

From: McDONNELL DOUGLAS
3480 CHERRY
LONG BEACH CA 90807
EPA # CADD08378044

Pick-up at:

XXX DRIVER TO BRING CHECK
190TH & NORMANDIE
TORRANCE CA

Requested pick-up Date 11/03/86

P.O. #: 86-147/A6850000

Manifest #: B6234241

CUSTOM ☐ INCINERATION ☐
OSCO BUY ☐ OTHER ☐
2nd PU CHG: ☐

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

CO. Small Hardness
Authorized Signature

OSCO Driver: David

Salesman No. 8

S.O. No. 2970

No. Drums 1000 GAL.

Date 11-3-86

Received Subject to OSCO Inspection:

1700

GALLONS WASTE 1,1,1, TRICHLOROETHANE
ORR-A
UN-2831

7090
10
709.00

DRUM CONDITION: RECONDITIONABLE _____
CUSTOMERS COPY

NON-RECONDITIONABLE _____

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Douglas Aircraft Company 190th St & Normandie Ave. Torrance, CA 90502		1. Generator's US EPA ID No. C1A D010165110005000000		A. State Manifest Document Number 86234241		
4. Generator's Phone (213) 533-6677		6. US EPA ID Number C1A D01018301219013		B. State Generator's ID		
5. Transporter 1 Company Name Oil Solvent Process Co.		7. Transporter 2 Company Name		C. State Transporter's ID 708708		
6. US EPA ID Number C1A D01018301219013		8. US EPA ID Number		D. Transporter's Phone 213 334-5117		
7. Transporter 2 Company Name		9. Designated Facility Name and Site Address Oil & Solvent Process Co. 1704 W. 1st St. Azusa, CA 91720		E. State Transporter's ID		
8. US EPA ID Number		10. US EPA ID Number C1A D01018301219013		F. Transporter's Phone		
9. Designated Facility Name and Site Address		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		G. State Facility's ID C A D 008302903		
10. US EPA ID Number		12. Containers		H. Facility's Phone 818 334-5117		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		13. Total Quantity		I. Waste No.		
a. Waste 111 Trichloroethane ORM-A UN2831		No. Type		14. Unit Wt/Vol		
b.		010111T		7090 P		
c.						
d.						
J. Additional Descriptions for Materials Listed Above Waste trichloroethane 95L Water 5L		K. Handling Codes for Wastes Listed Above				
15. Special Handling Instructions and Additional Information Guide # 55 Use gloves, goggles, respirator. BP 09631 DOT E74760						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.						
Printed/Typed Name Donald C. Gerber		Signature Donald C. Gerber		Month Day Year 11/19/86		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name DAVID EISELE		Signature David Eisele		Month Day Year 11/19/86		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name		Signature		Month Day Year		